PART B - FEE(S	S) TRANSMITTAL
Somplete and send this form, together with applicable fee(s), to	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885
	d PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where outfication of maintenance fees will be mailed to the current correspondence address as a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for
nin) and the folice of the contract of the con	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmitted. This certificate cannot be used for my other accompanying

05/17/2006 24109 7590 XILINX, INC ATTN: LEGAL DEPARTMENT

2100 LOGIC DR **SAN JOSE, CA 95124**

ilings of the companying rawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Foc(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FRE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Uepositor's name)	Pat Tompkins,	7
(Signature)	at FornDring	_
(D206)	July 27, 2006	
		_

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/742,300 12/18/2003		Xiso-fie Yuan	X-1447 US	5676

TITLE OF INVENTION: CHARACTERIZING CIRCUIT PERFORMANCE BY SEPARATING DEVICE AND INTERCUNNECT IMPACT ON SIGNAL DELAY

APPLN, TYPE	SMALL ENTITY	ISSUH FEB	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300	\$1700	08/17/2006		
EXAN	AINER	TINU 1'31A	CLASS-SUBCLAS87/27	2006 CHGUYEN1 000000	87 240040 10742300		
KARLSEN	, ernest f	2829	324-763000 01 FC				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the parent from parent fro							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for tecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
XILINX, 1	INC.	San Jose	, California 95	5124			
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 individual 🔯 Corporation or other private group entity 🚨 Government							
4u. The following fee(s) are Issue Fee Publication Fee (No Advance Order - # o	small entity discount permit	od) □ Λα	nt of Fee(s): heck in the amount of the fee(s) is a ment by credit card. Form PTO-203 Director is hereby authorized by abosit Account Number 24-00	8 is attached.	redit my overpayment, to tra copy of this form).		
D s. Applicant claims ?	s (from status indicated above SMAI.I. ENTITY status. See is requested to apply the Iss subligation for All-Status Audioacted Duite Status Paris Pa	37 CFR 1.27. 🛂 b. A	opplicant is no longer claiming SM/ (if any) or to re-apply any previous nyone other than the applicant, a re				
Authorized Signature	Keith A.	Chanroo		ly 27, 2006			

This collection of information is required by 37 CFR 1.31t. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, 11.S. Parent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Parents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.